

INSTRUCTIONS:
GROUP ENCOUNTER LOG FORM
*CRISIS COUNSELING SERVICES **OR** **PUBLIC EDUCATIONAL SERVICES (**SELECT ONE**)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 2 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

***Crisis Counseling Services** refer to those services that help group members understand their current situation and reactions to the disaster, review or discuss their options, provide emotional support or referral services, and/or provide skills to cope with their current situation and reactions.

****Public Education Services** refer to those services that provide general psycho-educational information to survivors on disaster services available and key concepts of disaster mental health. Common activities in this category include, but are not limited to, public speaking at community forums, in-service group meetings, and local government meetings.

When to Use This Form:

1. Complete this form immediately **after** the group encounter is provided.
2. Group sessions involve at least 2 or more unrelated participants (excluding staff).
3. Do **not** use this form for families. Please see the instructions for the Individual Crisis Counseling Services Encounter Log

PROVIDER NAME – The name of the program/agency.

PROVIDER # - The unique number your program/agency is providing services under.

EMPLOYEE # - YOUR employee number.

DATE OF SERVICE – The date of the encounter.

ZIP CODE OF SERVICE – The zip code of the location you had the encounter in.

LOCATION OF SERVICE – Where did you provide the service? **SELECT ONLY ONE.**

TYPE OF SESSION – Select the type of group encounter session. **SELECT ONLY ONE.**

OF PARTICIPANTS – Use all 3 boxes to report the number of participants (not including staff).
For example, if there are 7 participants, write in 0, 0, 7; 20 participants, write in 0, 2, 0.

DURATION – How long did your encounter last? **SELECT ONLY ONE.**

GROUP IDENTITIES – This refers to the possible identities and/or roles that the group members might share as a whole. **SELECT ALL THAT APPLY.** If there is a shared identity/role that is not specified, select the "OTHER IDENTITY" box and fill in what the identity is. If there is no shared identity for the group as a whole, select "NO SHARED IDENTITY."

FOCUS OF GROUP SESSION – What is the focus of the group encounter? More than one category may apply. **SELECT ALL THAT APPLY.** If the focus for the group is different than the categories listed, please select "OTHER," and fill in the blank with the focal point.

STOP! Please submit the completed form to the designated person in your agency who will review and sign the form. ***Thanks for taking the time to complete this form accurately and correctly!***